M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08208

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) ORVILL (Last) BITTINGER
4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 14, 1875
9. AGE last birthday ~~85~~ 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner-Ret.
10b. KIND OF BUSINESS OR INDUSTRY Ret.
11. BIRTHPLACE (State or foreign country) Grantsville, R D
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Bittinger
14. MOTHER'S MAIDEN NAME Sara Hoover
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr Earl Bittinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Chronic myocarditis	4 years
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 FEB, 1948, to 8 AUG, 1950, that I last saw the deceased alive on 7 AUG, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B H Hoke Jr MD
ADDRESS SALISBURY PENNA
DATE SIGNED 19 AUG 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 10, 1950
NAME OF CEMETERY OR CREMATORY Durst Cemetery
LOCATION (City, town, or county) (State) RD Grantsville, Garrett, Md.
DATE REC'D BY LOCAL REG. Aug-9/50
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg
ADDRESS Grantsville, Md.

454V2

RECEIVED
AUG 11 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH Dr Paul R. Wilson

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
LENGTH OF STAY (In this place) 39 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) MINTY (Middle) ELIZABETH (Last) BUSH

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 15, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Augustus Fisher

14. MOTHER'S MAIDEN NAME: Charlotte Liston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Howard Bush

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Edema	1 Day
331X Antecedent cause(s)		Mar. 12, 1950	5 Months
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cerebral Hemorrhages July 3, 1950	6 Weeks
	(c)	Arterio-sclerosis and Hypertension	12 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 12, 1950, to Aug. 12, 1950, that I last saw the deceased alive on Aug 16, 1950, and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul R. Wilson M.D. Piedmont W.Va. Aug. 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Aug. 20, 50
NAME OF CEMETERY OR CREMATORY: Hyndman Cemetery
LOCATION (City, town, or county) (State): Hyndman, Pennsylvania

DATE REC'D BY LOCAL REG. Aug 19 1950
REGISTRAR'S SIGNATURE Doray Fatheree
24. FUNERAL DIRECTOR: E. S. Boal ADDRESS: Westernport, Maryland

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08210

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY: Garrett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Gorman
LENGTH OF STAY (in this place): 54 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ---

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Gorman
STREET ADDRESS (If rural, give location): 2½ Mi. West Gorman

3. NAME OF DECEASED (Type or Print): (First) Cynthia (Middle) Lipscomb (Last) Chisholm

4. DATE OF DEATH: (Month) Aug (Day) 29, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1875

9. AGE last birthday: not known about 75 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Lipscomb

14. MOTHER'S MAIDEN NAME: Annie Mariah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Peter Chisholm Gormania, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic encephalopathy — 5 yrs.

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

87e (c) Senility —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scleral argyria —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1940, to ..., 1950, that I last saw the deceased alive on 8/21, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Miller, MD. Eglon, W. Va. 8/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/1/1950 — NAME OF CEMETERY OR CREMATORY: Chisholm Cemetery — LOCATION (City, town, or county) (State): near Gorman; G. Co., Md

DATE REC'D BY LOCAL REG.: Sept 1-1950 — REGISTRAR'S SIGNATURE: Julia L. Morrison — 24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.

RECEIVED
SEP 25 1950
LIBRARY

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08211

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Frostburg
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland (State)
COUNTY: Co. of Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Friendsville
STREET ADDRESS (If rural, give location): R.D. # 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NOAH	-	FRAZEE	Aug	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Mar. 9, 1873	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
GROCER	OWN STORE	Garrett Co. - Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jeremiah Frazee	Hiley Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Rhoda Glotfelter Friendsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage Due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rupture Left Lung Due to	
816.5 170c	(c) Crushing Injuries Anterior Chest Wall	Instant

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	On U.S. Route 40	5 miles from Grantsville	Garrett	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Aug 27-1950 8 P.M.		Automobile Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. J. Baumgartner M.D.		Oakland Md	8/28/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 29 1950	Blooming Rose Cemetery	Friendsville R.D.#1	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 29 1950	Mrs. Kathryn Fike	W. H. Rodabaugh - Markleysburg, Pa.	

15661

VS. A15A

RECEIVED
SEP 2 1950
BUREAU V. S

08212

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) DANIEL (Last) GETTY

4. DATE OF DEATH (Month) Aug (Dey) 9 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 2, 1903

9. AGE last birthday 46 yrs. If under 1 year Months Deys If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disbursement Clerk

10b. KIND OF BUSINESS OR INDUSTRY Goverment

11. BIRTHPLACE (State or foreign country) Grantsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John O Getty

14. MOTHER'S MAIDEN NAME Annie E Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Mrs Ann Getty - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Calcification of pancreas 10 yrs

260X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Millitus

61

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1945, to Aug 9, 1950, that I last saw the deceased alive on Aug 8, 1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE N. R. Davis (Degree or title) M.D. ADDRESS Grantsville Md DATE SIGNED Aug 10 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug 11, 50

NAME OF CEMETERY OR CREMATORY Grantsville, cemetery

LOCATION (City, town, or county) Grantsville, Garrett Co, Md (State)

DATE REC'D BY LOCAL REG. Aug 10/50

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville, Md.

26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 11 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08213

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Oakland; LENGTH OF STAY (In this place) 8 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS R#2- Sunnyside

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va.; COUNTY Mineral; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Emoryville; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mary	Lorena	Hanlin		August	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs. Hours	Min.
Female	White	Widowed	Nov.2,1865	84 yrs.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	own Home	Purgittsville, W.Va.	U.S.A.

13. FATHER'S NAME: George Merritt

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		None	Mrs.Bessie Baldwin, Terra Alta, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Renal Disease with	2 yrs
442 X 13(a)	(c) generalized edema	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:1 0A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug.4/50	Tasker Cemetery	Eagle Rock, Garrett Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-4-50	Julia A. Rowan	Otha F. Sharpless, Blaine, W.Va.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08214 166

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Garrett — Deer Park, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY: 2 Years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Saucer.

4. DATE OF DEATH: (Month) 8 (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/19/1877

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Watchman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Garrett County

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Phillip Saucer

14. MOTHER'S MAIDEN NAME: Susan Harvey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 705-05-1719

17. INFORMANT AND ADDRESS: Mrs. Rosetts Saucer, Deer Park,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardio-vasular disease — Interval between onset and death: more than 2 years

Antecedent cause(s)

422.1

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Acute heart failure — 48 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ?, 19 48, to Aug 26, 19 50, that I last saw the deceased alive on Aug 26, 19 50 and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas L. Lusby M.D. Oakland, Md Aug 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/28/1950 — NAME OF CEMETERY OR CREMATORY: Oakland, Cemetery — LOCATION (City, town, or county) (State): Oakland, Maryland,

DATE RECD BY LOCAL REG.: 8/28/50 — REGISTRAR'S SIGNATURE: Julius C. Rowan

24. FUNERAL DIRECTOR: Emmay D. Golden — ADDRESS: Oakland, Md.

60299

RECEIVED
SEP 8 1960
BUREAU

08215

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH — COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park — LENGTH OF STAY (in this place) 20Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park
STREET ADDRESS (If rural, give location) Church St.

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) May (Last) Sharpless
4. DATE OF DEATH (Month) Aug. (Day) 3 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Apr. 22, 1890
9. AGE last birthday 60 yrs. — If under 1 year: Months 3, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wilson, Garrett Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Washington Barnard
14. MOTHER'S MAIDEN NAME Susan Isabel Paugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Charles Barnard, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

93a (c) Cerebral hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1950, to Aug 3, 1950, that I last saw the deceased alive on Aug 2, 1950, and that death occurred at 6:40P. m., from the causes and on the date stated above.

SIGNATURE Ralph Calandrella (Degree or title) M.D. ADDRESS Ritzmiller, Md. DATE SIGNED Aug 4

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8/13/50 — NAME OF CEMETERY OR CREMATORY Deer Park Cemetery — LOCATION (City, town, or county) Deer Park, Md. (State)

DATE REC'D BY LOCAL REG. 8/13/50 — REGISTRAR'S SIGNATURE Julia A. Rowan Local

24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

RECEIVED
AUG 16 1950
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08216

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KITZMILLER — LENGTH OF STAY (In this place) 70 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KITZMILLER
STREET ADDRESS E. MAIN ST. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) LUTHER (Last) SHARPLESS
4. DATE OF DEATH: (Month) AUGUST (Day) 30, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 22, 1880
9. AGE last birthday: 70 yrs. — If under 1 year: Months 4, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines
11. BIRTHPLACE (State or foreign country): Kitzmiller, Md. (Near)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sharpless
14. MOTHER'S MAIDEN NAME: Lucinda Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-01-6633
17. INFORMANT: Mrs. Hazel Wilson, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease

94a (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to Aug 30, 1950, that I last saw the deceased alive on Aug 30, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE: Ralph Calandrella (Degree or title) M.D. — ADDRESS: Kitzmiller, Md — DATE SIGNED: Aug 31-50

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/2/50 — NAME OF CEMETERY OR CREMATORY: Sharpless Cemetery — LOCATION (City, town, or county) (State): Mt. Zion, Garrett Co, Md. R#3, Swanton, Md.

DATE REC'D BY LOCAL REG.: Aug 31/50 — REGISTRAR'S SIGNATURE: A W Barrick

24. FUNERAL DIRECTOR: Otha F. Sharpless, Blaine, W.Va. — ADDRESS

45402

RECEIVED
SEP 8 1936
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08217

Reg. Dist. No. 166

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; Oakland, MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
   LENGTH OF STAY (in this place): Life time
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
   STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Clay (Last) Sincell

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 4/12/1871

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant Dry Goods Owner

10b. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): Frederick, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Sincell

14. MOTHER'S MAIDEN NAME: Leah Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Margaret McComas, Oakland m

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MALNUTRITION AND DEHYDRATION	4 WKS
Antecedent cause(s) 200,1 55e — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) LYMPHO SARCOMA	6 MOS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1949, to Aug 30th, 1950, that I last saw the deceased alive on Aug 30th, 1950, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H. Feaster Jr. M.D. Oakland, md. 9-1-50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: 9/3/1950

NAME OF CEMETERY OR CREMATORY: Oakland Cemetery

LOCATION (City, town, or county) (State): Oakland, Maryland.

DATE REC'D BY LOCAL REG. 9-3-50

REGISTRAR'S SIGNATURE: Lea L. Rowan

24. FUNERAL DIRECTOR: Emory D. Bolden ADDRESS: Oakland, Md.

15663

RECEIVED
SEP 20 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08218

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Garrett, Deer Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md. Rural | LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Calvin (Last) Uphold.

4. DATE OF DEATH: (Month) 8 (Day) 10, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/10/1870

9. AGE last birthday: ~~79~~ 80 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Garrett County, Maryland U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin Uphold.

14. MOTHER'S MAIDEN NAME: Susan Teets.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Theodore Reckart, Deer Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 x **Immediate cause** (a) Malnutrition and Dehydration — Interval Between Onset and Death: 2 week

46 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach — 4 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19, 1950, to 8-9, 1950, that I last saw the deceased alive on 7-24, 1950, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H. Feaster Jr M.D 58 2nd st. Oakland, Md 8-11-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 8/13/1950 | NAME OF CEMETERY OR CREMATORY Blooming Rose | LOCATION (City, town, or county) (State) Friendsville, Md.

DATE RECVD BY LOCAL REG. 8/13/50 | REGISTRAR'S SIGNATURE Julia A. Rowan | 24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

000VV

RECEIVED
AUG 25 1980
BUREAU V.

08219

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
LENGTH OF STAY (in this place) 46-Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Christain (Middle) J (Last) Yoder
4. DATE OF DEATH (Month) 8- (Day) 5 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-5-1864
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Poultryman
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Meyersdale Pa
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Jacob Y, Yoder
14. MOTHER'S MAIDEN NAME Fannie Salbaugh Pa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Earnest Yoder-Rural Meyersdale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis

422.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arthritis / chronic

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Alexander Salosho (Degree or title) M.D. ADDRESS Salisbury Pa DATE SIGNED 8/5/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-8-1950
NAME OF CEMETERY OR CREMATORY Mapel Glen
LOCATION (City, town, or county) Rural Grantsville Md (State)
DATE REC'D BY LOCAL REG. July 7/50
REGISTRAR'S SIGNATURE Ethiel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

000VV

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AUG 9 1950
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